

Ex. 9

Maltreatment Investigation Training Plan | 07/16/10

Maltreatment Investigation Training

Bridge Plan page 2 / 7.b.ii.

By July 16, 2010, finalize a written plan for conducting the trainings specified in 7.b.i. (By June 30, 2010, develop a curriculum for a statewide training, approved by CSF, regarding how to conduct a maltreatment investigation, develop a safety plan, and implement a safety plan), for each region, including identification of the following: the trainers who will conduct the training, the trainees who will attend the training sessions, and the dates for each training session; and (page 2, BP, 7.b.iii – by September 1, 2010, provide the statewide training to all caseworkers engaged in maltreatment investigations pursuant to the requirements of this subsection;

The following staff and contractual personnel have been identified as the "trainers who will conduct the training". Trainings will be conducted at 8:30 a.m. (unless noted otherwise below) on the dates specified. While trainers have been assigned to each session, some assignments may be adjusted at a later date. **All DFCS FPWI's, FPWII's, FPS, FPS Advanced, FPS Senior, ASWS's and Regional Directors who are employed with DFCS as of July 16, 2010, are required to attend maltreatment investigation training.**

Name of Trainer	Title of Worker
1. [REDACTED]	Training Director
2. [REDACTED]	Training Coordinator
3. [REDACTED]	Training Coordinator
4. [REDACTED]	Training Coordinator
5. [REDACTED]	Training Coordinator
6. [REDACTED]	Training Coordinator
7. [REDACTED]	USM Consultant
8. [REDACTED]	USM Consultant
9. [REDACTED]	USM Consultant
10. [REDACTED]	USM Consultant
11. [REDACTED]	Regional ASWS
12. [REDACTED]	FPS Adv.
13. [REDACTED]	Regional ASWS
14. [REDACTED]	FPS - Senior
15. [REDACTED]	Policy Director
16. [REDACTED]	COA Coordinator
17. [REDACTED]	Bureau Director – Prevention Init
18. [REDACTED]	Bureau Director – Permanency Unit
19. [REDACTED]	Div Director – Permanency Unit

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Region/Dates/Trainers

I-N

August 11 & 12
Alcorn County DHS
[REDACTED]

I-N

August 17 &18
Desoto County DHS
[REDACTED]

I-S

August 19,24,25
[REDACTED]

I-S

August 26
Lee County DHS
Make up session
[REDACTED]

I-E

August 18 &19
Grenada County DHS
[REDACTED]

II-W

July 28,29,30
Washington County
[REDACTED]

II-W

August 24
Washington County
Make up session
[REDACTED]

III-N

August 11 & 12
Leake County Library
[REDACTED]

III-S

August 5 & 13
Hinds County DHS
Conf. Room 2
[REDACTED]

IV-N

August 10 & 11
Winston County DHS
[REDACTED]

August 18/Make up

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[REDACTED]
IV-S
August 12 & 13
Lauderdale County
[REDACTED]

V-E
August 4 & 5
Region 8 Mendenhall
[REDACTED]

V-W
August 11 & 12
Harris Building – Liberty
[REDACTED]

VI
August 11,18,19
Pearl River County
[REDACTED]

VI
August 24
Pearl River County
[REDACTED]

VII-E
August 10 & 11
Jackson County DHS
[REDACTED]

VII-W
August 4 & 6
Harrison County DHS
[REDACTED]

VII-W
August 5
[REDACTED]

Training Facilitators will collect sign in sheets from each event and submit them to the Regional Director. The Regional Director will verify that every required participant has attended and completed the training session. Regional Directors shall e-mail the verified attendance listing and regional employee listing to [REDACTED] on the day following the Region's final day of training.

[REDACTED] will confirm receipt of the sign in roster and employee listing. Training Director, Denise Rouse, Field Operations Director, Tammy Miller and OY Coordinator, Carolyn Townes should be copied on this email. Denise Rouse/ Training Unit will also verify regional completion of training. The original sign in sheet will be forwarded on the day following the Region's final day of training to the Training Unit Director's office at P.O. Box 32, Poplarville, MS 39470 Attn: Leigh Johnson for entry into the MACWIS system. Denise Rouse will document statewide completion of training by August 27, 2010, and submit this documentation to Carolyn Townes, OY Coordinator and Tammy Miller, Field Operations Director.

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Train the Trainers – Session

Instructors: Center for the Support of Families/ Cathy Welsh

Date: July 19, 20, 21 2010

Location: MDHS – Jackson, MS (2nd floor Training Room)

Time: July 19 – 9:30 a.m.

July 20 - 8:30 a.m.

July 21 - 8:30 a.m.

Training Event - #1*

Instructors: Center for the Support of Families/ Cathy Welsh

Date: July 22 – 23

Location: MDHS – Jackson MS

Time: July 22 – 9:30 a.m.

July 23 – 8:30 a.m.

*Training Coordinators attend and will have the opportunity to observe CSF staff deliver this curriculum.

Ex. 10



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E-Mail Address: krachal@bakerdonelson.com

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September 1, 2010

VIA ELECTRONIC & UNITED STATES MAIL

Shirim Nothenberg
Children's Rights Incorporated
330 Seventh Avenue, 4th Floor
New York, NY 10001

RE: *Olivia Y., et al. v. Haley Barbour, et al;*
BP 2010 – September 1, 2010 Production

Dear Shirim:

Enclosed please find the following documents DFCS is producing in accordance with the Bridge Plan provisions indicated below:

Provision 4.

Promotion/Hire Letters
(DHS 286065-286081 + 282919)

Provision 6

RPF for Alternative Analysis of MACWIS
(DHS 286082-286189).

Provision 7.c.iii.

Practice Guides – Working with the Educational System, Interim Supervisory Protocol*, Social Worker Visits
(DHS 286190-286195)

Provision 7.e.

Statewide Resource Development Plans, including Mental Health Services, Reunification Services and Recruitment/Retention of Resource Homes
(DHS 286196-286262)

Provision 7.d.ii.

Policy Manual Protection Section "B" *
(DHS 286262-286325)

Provision 7.d.iii.

Policy Manual Foster Care/Permanency Section "D"
(DHS 286326-286492)

Provision 5.

8/27/10 Contract with CSF
(DHS 286493-286510)

Provision 7.b.iii.

Letters, Lists and Sign-in Sheets related to Statewide Maltreatment Training held 7-8/10
(DHS 286511-286574)

Provision 7.g.

Intensive In-Home List and Verifications
(DHS 286575-286644)

Provision 7.f.iv.a.-b.

Unlicensed Relative Homes Status	
W/ Previous Evidenced Maltreatment	DHS 286645-286664
Unlicensed ...Placements w/o Evidence Protocol	DHS 286665
All Others	DHS 286666-286693
Licensure Status Report	DHS 286694-286706

Exhibit A (Pg. 4)

MWASA9S1 – Supervisor/Worker Workload Summary Report
(DHS 286707-286812)

MWASA5D1 – DFCS ASWS/Direct Service Caseworker GAP Analysis
(DHS 286813-286911)

MWZ2352B – Workers Who Attended Training Sessions
(DHS 286912-287040)

SPARS and Hire Report
(DHS 287041-287042)

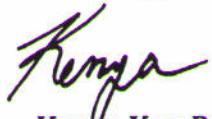
Please Note: MWZ2352B (Workers who Attended Training Sessions) is undergoing further evaluation.

Provision 8.

September 1, 2010 Bridge Plan Status Report
(DHS287043-287055)

* Requires investigations to be completed with 25 days. It is a medium between the 30-day requirement of Year 2 and the Settlement Agreement.

Sincerely,



Kenya Key Rachal

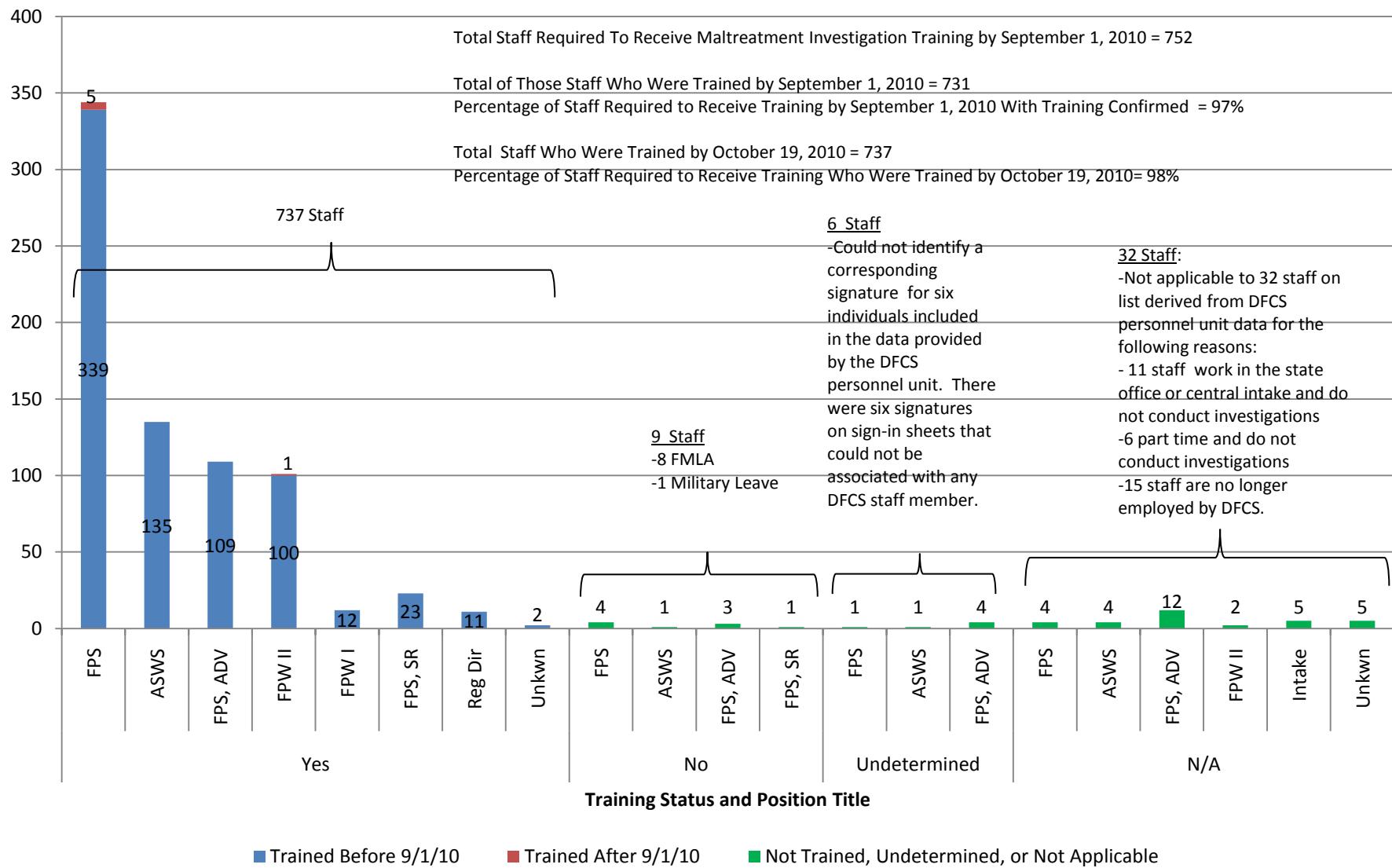
cc: Grace Lopes

Ex. 11

DFCS Staff Required by Defendants' Training Plan to Receive 7.5 Hour Maltreatment Investigation Training,* By Position Title and Training Status **

[Analysis does not include additional 2.5 hour training required for staff who conduct resource investigations]

[Prepared by the Office of the Court Monitor Based on Data Provided by DFCS]



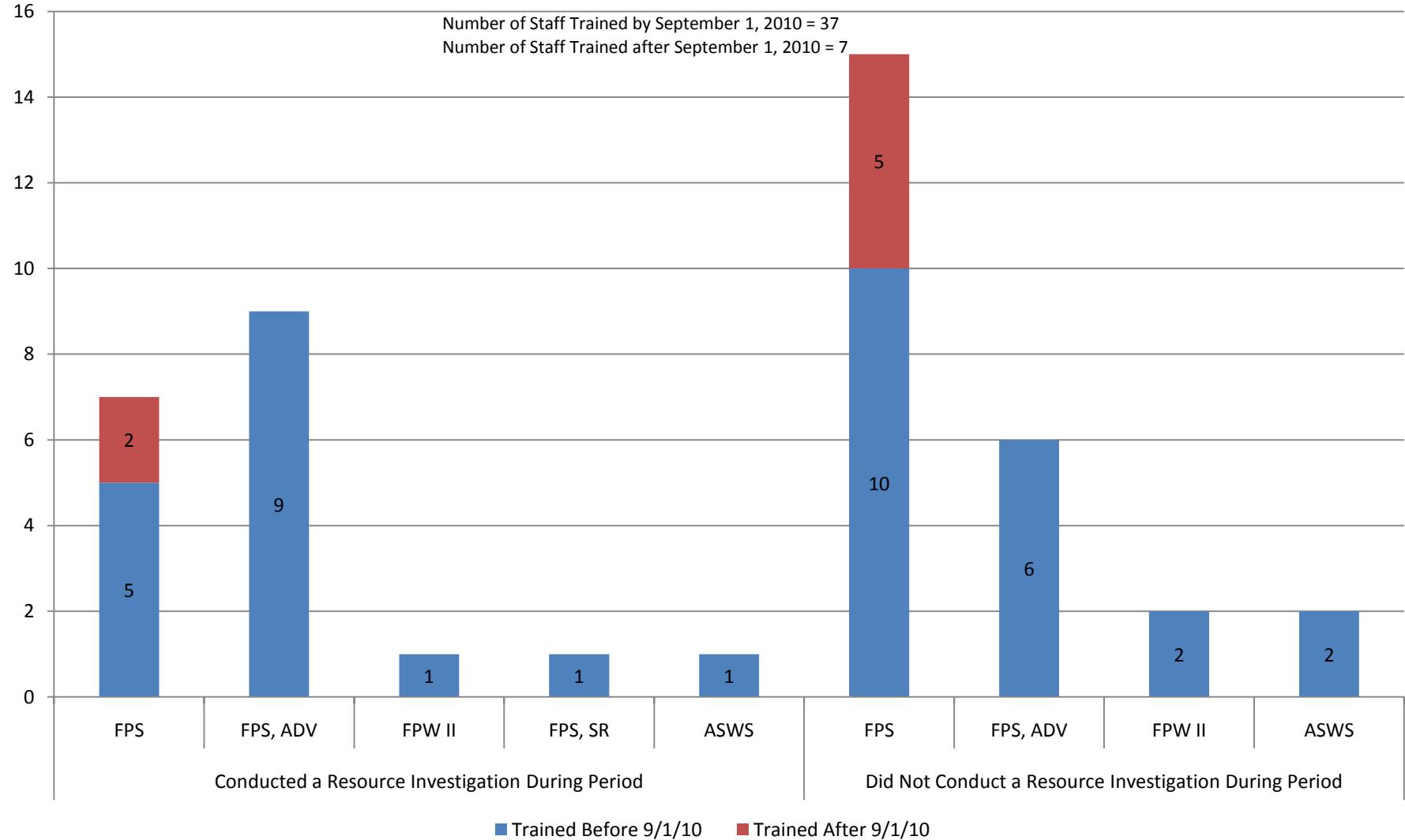
* List of required staff derived from defendants' training plan and data provided by DFCS personnel unit.

** Training status determinations based on signatures on sign-in sheets for maltreatment investigative training sessions.

Ex. 12

**DFCS Staff Who Received 2.5 Hours of Additional Maltreatment Investigation
Training for Resource Investigations by September 1, 2010, by Position Title and Whether They Conducted a
Resource Investigation Between March 1 and September 30, 2010
(n=44)**

[Prepared by the Office of the Court Monitor Based on Data Provided by DFCS]



Ex. 13

To: "Terry Phillips" <terry.phillips@mdhs.ms.gov>, "Tracy Malone" <tracy.malone@mdhs.ms.gov>, "Judy McClain" <judy.mcclain@mdhs.ms.gov>, "Dorothy Courtney" <dorothy.courtney@mdhs.ms.gov>, "Victoria Reed" <victoria.reed@mdhs.ms.gov>, "Tina Stokes" <tina.stokes@mdhs.ms.gov>, "Maggie Mixon" <maggie.mixon@mdhs.ms.gov>, "Viedale Washington" <viedale.washington@mdhs.ms.gov>, "Trudy Miller" <trudy.miller@mdhs.ms.gov>, "Tonya Rogillio" <tonya.rogillio@mdhs.ms.gov>, "Dionna Evans" <dionna.evans@mdhs.ms.gov>, "Jeff Wedgeworth" <jeff.wedgeworth@mdhs.ms.gov>, "Thomas Rainey" <thomas.rainey@mdhs.ms.gov>, "Theresa Kemp" <theresa.kemp@mdhs.ms.gov>, "Mechille Henry" <mechille.henry@mdhs.ms.gov>, "Brenda Coe-Wess" <brenda.coe-wess@mdhs.ms.gov>
From: Tammy H Miller/DFCS/MDHS
Date: 08/30/2010 08:46PM
cc: "Carolyn Townes" <Carolyn.Townes@mdhs.ms.gov>, "Lori Woodruff" <lori.woodruff@mdhs.ms.gov>
Subject: Staff who have not completed Maltreatment Training

Regional Directors, You are responsible for ensuring that any staff member in your region who has not completed the Maltreatment Training will not be assigned an investigation or do any work on an investigation until they have completed the training. A make up session for the Maltreatment Training is scheduled for October 19, 8:30 to 4:30, at Forrest County DHS. Please let me know if you have any questions. Thank you.
Tammy

Ex. 14

To: Trudy Miller/DFCS/MDHS@MDHS
From: Tammy H Miller/DFCS/MDHS
Date: 08/27/2010 01:36PM
cc: Denise Rouse/DFCS/MDHS@MDHS
Subject: Maltreatment Training

Trudy,

[REDACTED] is a DFCS worker in Madison county. She did not attend the maltreatment training that was offered in August 2010. Since she did not attend the training, she cannot be assigned or work on any investigations. Until we verify that [REDACTED] has attended the maltreatment training, she cannot be assigned or work on any investigations.

Please let me know if you have any questions.
Thank you,
Tammy

Tammy H. Miller, LMSW
Field Operations Director
Division of Family and Children's Services
Office Phone: (601) 359-4653
Fax: (601) 359-4363
Email: tammy.miller@mdhs.ms.gov

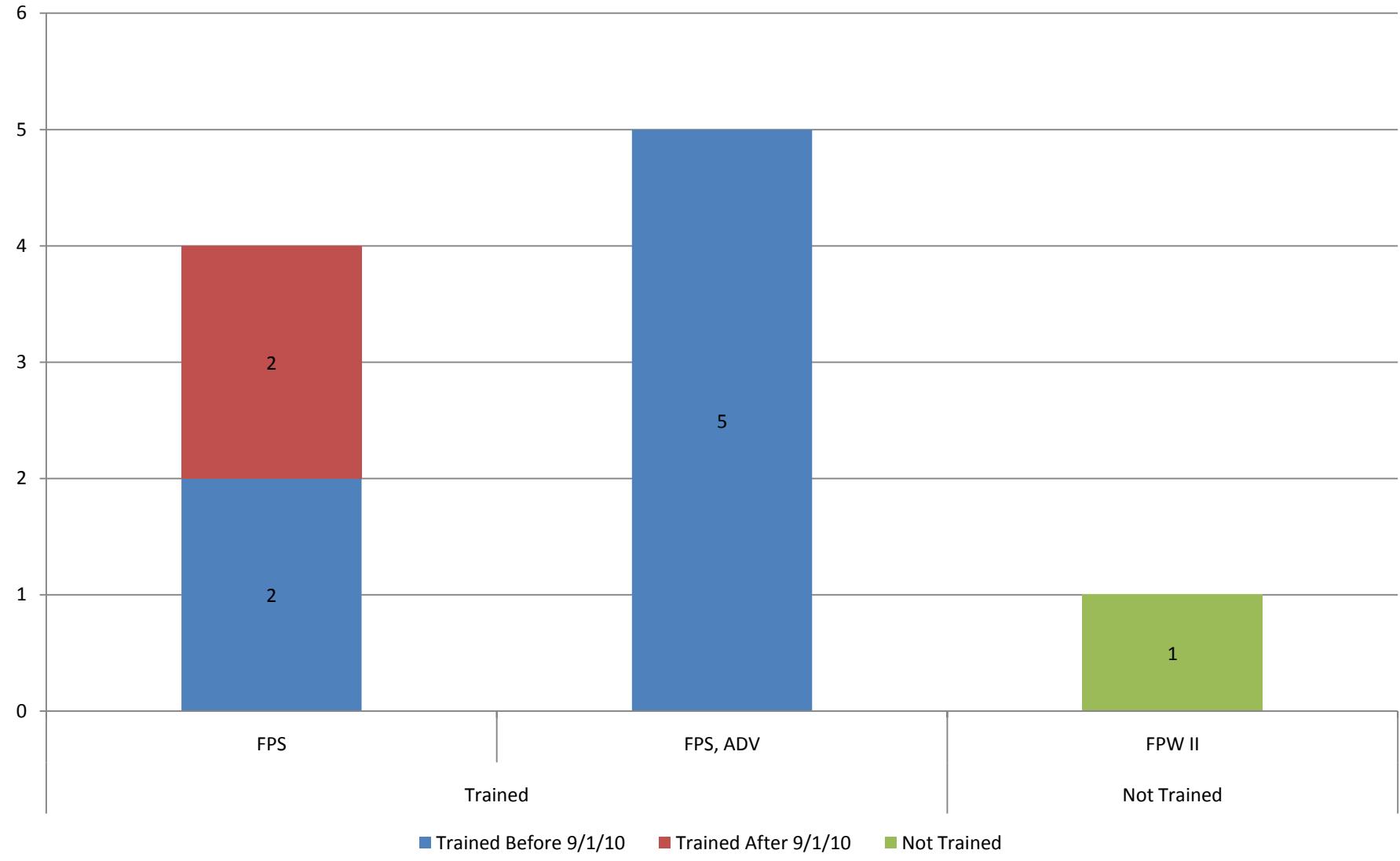
Child Abuse and Neglect Hotline: 1-800-222-8000

Confidentiality Statement: The information transmitted is intended only for the person or entity to which it is addressed and may contain confidential, proprietary, and/or privileged material. Any review, retransmission, dissemination or other use of, or taking of any action in reliance upon, this information by persons or entities other than the intended recipient is prohibited. If you received this in error, please contact the sender and delete the material from all computers.

Ex. 15

DFCS Staff Who Conducted a Resource Investigation Between July 26 and September 30, 2010, by Position Title and Whether They Received 2.5 Hours of Maltreatment Investigation Training for Resource Investigations (n=10)*

[Prepared by the Office of the Court Monitor Based on Data Provided by DFCS]



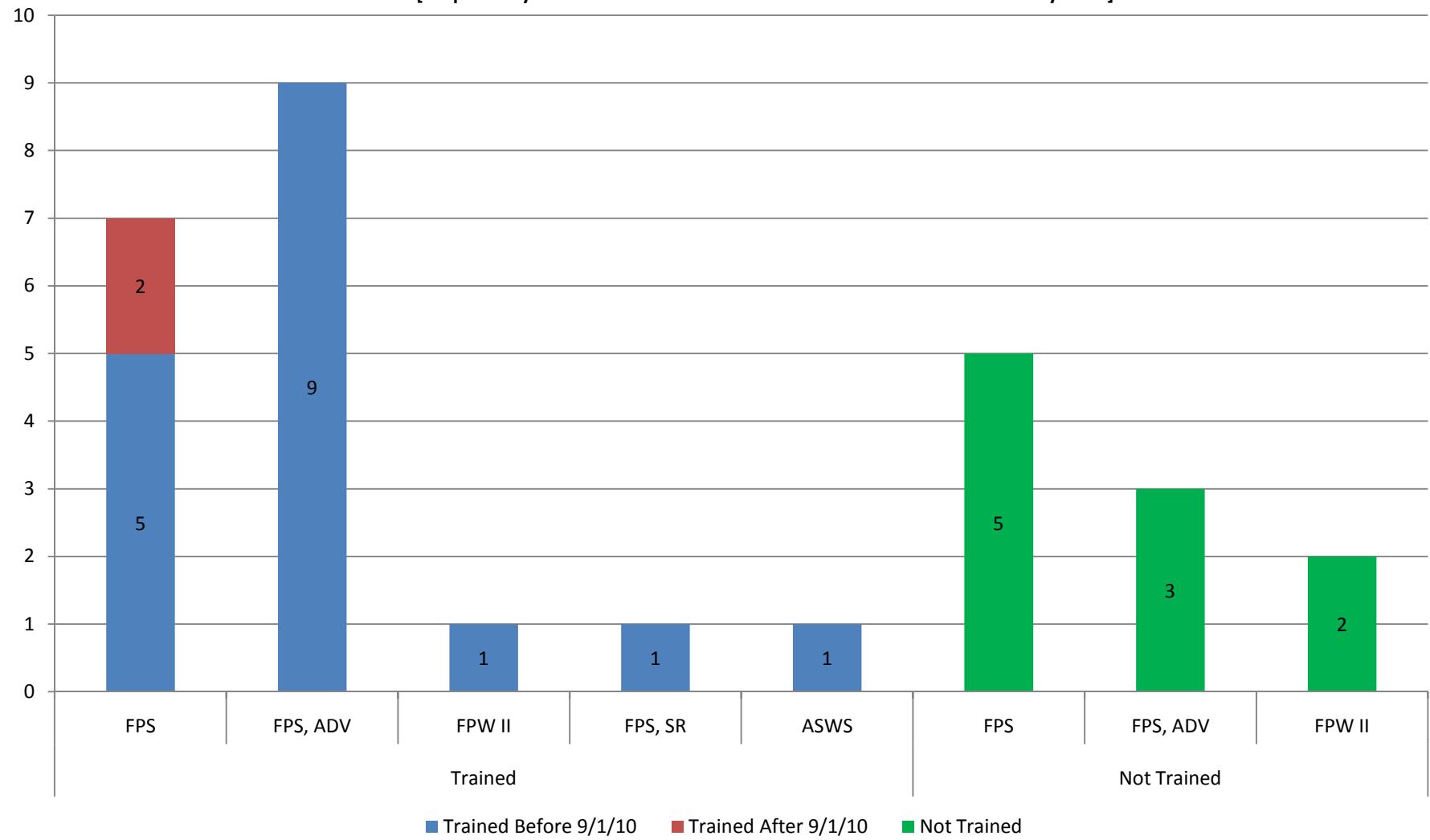
* Based on completed resource investigations submitted to the Monitor by defendants for reports of maltreatment in out of home placements that were received by DFCS between July 26 and September 30, 2010.

Ex. 16

DFCS Staff Who Conducted a Resource Investigation Between March 1 and September 1, 2010, by Position Title and Whether They Received 2.5 Hours of Resource Investigation Training for Maltreatment Investigations

(n=29)

[Prepared by the Office of the Court Monitor Based on Data Provided by DFCS]



Ex. 17

Practice Guide

Mobilizing Appropriate Services Timely

OUTCOMES	<ul style="list-style-type: none"> All children and families involved with DFCS will have Individual Service Plans that include services that are tailored to their individual strengths and needs. DFCS has developed an array of services that allow for the delivery of services that are tailored to meet the individual strengths and needs of the child and family. 	
R E Q U I R E M E N T S	<ul style="list-style-type: none"> General: Prompt provision of services to manage risk, assure safety, and prevent recurrence/ obtained immediately if there are basic unmet needs/ provide for services incl therapy, MH, education, DV, MH, substance abuse /Link services to identified needs/Services must be related to permanency goal Provide support services to children in placement to stabilize, support and minimize moves. Medical, dental, and MH records are given to providers. Provide all children with needed MH, developmental, substance abuse screenings & services, and intensive services such as TFC. Reunification: Timely and appropriate efforts to achieve reunification/Final discharge team meeting before closing a case/Provide aftercare services to children and parents when reunification occurs Adoption: Prompt efforts to achieve adoption/Weekly status meetings with consultant, adoption specialist, supervisor & worker in cases involving infants/Monthly conferences for other children awaiting adoption. Independent Living: IL Plan for youth ages 14–20/Review & and update every 90 days/Prompt and adequate IL and transitional living services to youth in foster care/Ensure youth transitioning to independence has adequate living arrangement, a source of income and health care/Provide educational and training vouchers and assistance in locating & enrolling in educational or vocational programs/Provide information about a range of services to the youth across systems/Develop an aftercare plan in advance of case closing and identify steps for obtaining any needed services that are identified/Assist youth in obtaining documents & services necessary to function as independent adults, i.e., health insurance & records/ Youth to be given 6 months advance notice of cessation of health, financial, or other benefits that will occur at time of transition/ Provide age-appropriate education and support regarding pregnancy prevention, responsible parenting, sexually transmitted diseases and assistance in obtaining medical insurance, medical records and needed medical, developmental, substance abuse, and MH services. Caseworker visits: Frequent visits of high quality between caseworker and children/ At least twice monthly visits with child including once monthly in placement & privately with child/Provider visits children in Therapeutic Foster Care (TFC) every 2 weeks/At least monthly visits with parents/Visits are made during 1st month child is in care and after any change in placement to assess child's adjustment. 	
ACTIVITY	WHERE IN THE LIFE OF THE CASE	PRACTICE GUIDANCE
Link services to individual needs in case planning	<ul style="list-style-type: none"> Assessment Prior to developing case plan At caseworker visits & FTMs When family's situation changes 	<ul style="list-style-type: none"> Review & use information from safety assessment, strengths & needs assessment, all case record information, reports from providers Link IL and TL needs/plans with family's case plan to identify need for individual IL services Identify & locate all relevant family members whose needs/services should be addressed Prepare children/families to participate in case plan meetings by explaining what will happen, importance of plan, encourage to consider their strengths & needs Facilitate FTMs by encouraging family/child input on strengths/needs and identifying service needs, preferences for providers, and locations of services. Identify relevant cultural, tribal, background issues to be considered in mobilizing appropriate services. Identify needs before considering the availability of services. Identify services in collaboration with child and family that will best meet identified needs.
Engage with service providers	<ul style="list-style-type: none"> Prior to developing case plan During FTMs & case reviews During case 	<ul style="list-style-type: none"> Identify service providers that meet family's needs/preferences/locations/cultural concerns Obtain necessary Release of Information forms from youth/parent/service provider. Include relevant service providers in FTMs with permission of child/family Ensure providers tailor services to, incl frequency, intensity, level, & location of services Contact service providers frequently for reports on child/family's participation in services and

	monitoring	<p>progress toward goals/require written reports specific to referral needs</p> <ul style="list-style-type: none"> • Advise service providers of any significant changes affecting delivery of services.
Clarify specific service needs when making referrals	<ul style="list-style-type: none"> • At case plan development & reviews • At service referrals • Caseworker visits and FTMs • When situation changes 	<ul style="list-style-type: none"> • Select providers whose array of services match the child's/family's needs • Provide written referrals for services that identify needs of family members, goals of the service, time frames to complete services/achieve goals, barriers to receiving services. • Clarify jointly with family members and service providers the expectations of services, including frequency, level, location, goals, and duration of services. • Document service referrals and reviews of services provided in case plan. • Make payment for services contingent upon delivery of services specified in referral. • As circumstances change &/or family progresses, review progress jointly with family members & providers, adjust services as needed, confirm in writing, document in case plan.
Provide services promptly & early to address safety & risk issues	<ul style="list-style-type: none"> • During investigation • Assessment • Prior to case plan development 	<ul style="list-style-type: none"> • Use safety & risk assessment to identify immediate needs to protect children • Use strengths & needs assessment to identify immediate needs to protect children • Make verbal & written referrals to appropriate service providers when needs for services are identified, i.e., during investigation, during assessment, prior to case plan development • Immediate follow-up with providers to ensure response to referrals/mobilizing of services • Document service referrals/provision in case file & review/revise as needed in case plan
Provide services on an ongoing basis to address permanency goal.	<ul style="list-style-type: none"> • At case plan reviews & updates • At caseworker visits and FTMs • At court hearings & reviews • When situation changes 	<ul style="list-style-type: none"> • Update assessment/review case plan at required intervals & evaluate progress toward achieving permanency goals/use updated information to evaluate need for services • Monitor service provision to ensure conformity with case plan/identified needs • Evaluate with child/family/service provider the effectiveness of current services & adjust service levels, intensity, type, location, duration as needed. Change providers if indicated. • In FTMs and caseworker visits, ensure that services are directly linked to overcoming barriers to achieving permanency goals within prescribed time frames. • Make prompt written service referral as soon as need is indicated/specify level, intensity, duration, type of service requested. • Revise case plan with child/family when new services are implemented/ link to goals. • Notify service providers of significant events/changes with child/family or changes in goal
Use caseworker visits to mobilize services	<ul style="list-style-type: none"> • Caseworker visits 	<ul style="list-style-type: none"> • Visit with individual family members at required intervals or more frequently if indicated • Discuss effectiveness/satisfaction with services, progress toward goals, emerging issues, changes/Identify needs for changes in service delivery with family members • Determine need to convene FTM or involve service providers in discussions
Provide services to children in placement	<ul style="list-style-type: none"> • At case plan development/ revision • Re-assessmt • Caseworker visits 	<ul style="list-style-type: none"> • Identify child's strengths & needs in initial & updated assessments/refer or provide services • Match placement setting to child's individual needs • Identify resource parents' needs for services to care for child/refer or provide services • Provide resource parents with all information about child and service needs • Visit frequently in resource home/interview resource parents & child separately/evaluate effectiveness of services, need to revise services or implement new services.
Monitor and evaluate the effectiveness of services	<ul style="list-style-type: none"> • Case plan reviews • Caseworker visits & FTMs • When situation changes 	<ul style="list-style-type: none"> • Review case plan quarterly for continuing appropriateness of services provided • During visits, discuss with individual family members effectiveness of services/other needs • Meet with service providers frequently/discuss effectiveness of services/progress/new needs • With family's approval, invite the service provider to any Family Team Meetings • Make changes in services indicated by lack of progress/info obtained/changes in goals
Provide services at the time of discharge and case closure.	<ul style="list-style-type: none"> • At final FTM • Re-assessm't • 6 months before discharging youth from foster care • Case closure 	<ul style="list-style-type: none"> • Identify post-discharge/closure needs for services in updated assessments • Convene discharge FTM with youth/family/significant parties at least 6 months in advance of discharge/case closure to identify needs/develop after care plan with services specified • Make written service referrals and follow-up with providers • Provide youth/family with documentation/information needed to secure needed services • Link family/youth with community resources for general support/ongoing services • Provide contact information for youth/family to contact agency as needed

Ex. 18

Practice Guide

Individualized Case Planning

OUTCOMES	<ul style="list-style-type: none"> All children and families involved with DFCS will have Individual Service Plans with services that are tailored to their individual strengths and needs. Decisions about permanency & stability are made promptly & based on individualized case plans/services. All individualized service plans will be targeted toward helping children/families achieve their goals. 	
R E Q U I R E M E N T S	<ul style="list-style-type: none"> Service plans. Service plan are based on assessment and exploration of benefits of service, cultural relevance, and alternatives of planned services along with the family's social network/Therapeutic services (TFC) to be delivered through an individualized, strengths-based treatment plan that is reviewed weekly by a treatment team, at 30 days after placement and every 90 days to evaluate continued need for TFC. Services are linked to individualized needs identified through assessment and plan. Permanency planning. Prompt identification of permanency goals – plan developed within 30 days/Ongoing review of permanency goal/ Requires concurrent planning to address potential for reunification, possible permanent relative placement and monthly contact between worker and parents to address progress and involve them in decisions regarding children/ Adoption specialist assigned within 10 days of establishing goal and adoption plan developed within 15 days and an external adoption consultant assigned for children legally free for 6 months. Services to achieve permanency goal. Timely decision making regarding TPR- agency to send packet to AG within 30 days of establishing plan of adoption. DFCS to file for children in care 15 of the last 22 months unless legal exception applies/ Prompt efforts to achieve adoption. Planning for foster care stability. Stable foster care placements, made according to children's needs/Place in least restrictive setting according to needs in order of relatives, foster home in proximity to home, foster home outside child's community, group home and institution/No child < 10 years in congregate care without exception/ Meetings to prevent disruptions, and if disruption occurs meet within 5 days regarding appropriateness of new placement and services needed/Only one temporary or emergency placement within foster care episode – child cannot spend more than 12 hours at DFCS or non-residential facility. Using caseworker visits in individual case planning. Weekly contacts with therapeutic foster parents and twice monthly visits with children, one in placement setting/ Frequent visits of high quality between caseworker and children/ Visits between the worker and child occur twice monthly regardless of whether child is being supervised by DFCS or a provider. Visit must be made to the child's placement and worker must meet separately with the child/Children in Therapeutic Foster Care (TFC) are to be visited by the TFC provider every 2 weeks/Worker to meet frequently with child's biological parents and at least monthly/Visits are made during 1st month child is in care and after any change in placement to assess child's adjustment. Planning for case closure. Final discharge meeting to be held before case closure/Children discharged from TFC to have follow up services agreed upon by the team 	
ACTIVITY	WHERE IN THE LIFE OF THE CASE	PRACTICE GUIDANCE
Link services to individual strengths and needs of each relevant family member	<ul style="list-style-type: none"> Assessment Prior to developing case plan At caseworker visits & FTMs When family's situation changes 	<ul style="list-style-type: none"> Use caseworker visits, FTMs, & other case planning meetings/activities to identify individual strengths & needs of family members & match services to strengths & needs Review & use information from safety assessment, strengths & needs assessment, all case record information, reports from providers Review IL and TL needs/plans to identify and match individual IL services Identify & locate all relevant family members whose needs/services should be addressed Identify needs of all relevant individual family members Collaborate with family members to determine which services are most appropriate for their needs/Identify needs before considering the availability of services. Identify services in collaboration with child and family that will best meet identified needs.
Address individual strengths & needs in case plans	<ul style="list-style-type: none"> At case plan development At case plan updates When the 	<ul style="list-style-type: none"> Prepare children/families to participate in case plan meetings by explaining what will happen, importance of plan, encourage to consider their strengths, needs, & service preferences Ensure active participation in case planning meetings & activities by family members

	child's or family's situation changes	<ul style="list-style-type: none"> Facilitate FTMs by encouraging family/child input on strengths/needs and identifying service needs, preferences for providers, and locations of services. Identify relevant cultural, tribal, background issues to be considered in mobilizing appropriate services. Solicit information from child/youth & family members regarding the services they think will best address their needs/preferences for providers & locations Address strengths/needs/services for relevant non-custodial parents & children who are not the subject of maltreatment reports, in addition to target children & custodial parents Use information from family members to prepare written case plans & identify services (while assuring the agency's responsibilities for protecting the child and achieving permanency) Document case plans in case record with signatures of family members.
Engage with service providers	<ul style="list-style-type: none"> Prior to developing case plan During FTMs & case reviews During case monitoring 	<ul style="list-style-type: none"> Identify service providers that meet family's needs/preferences/locations/cultural concerns Obtain necessary releases of information forms from youth/parent/service provider. Include relevant service providers in FTMs with permission of child/family Ensure providers tailor services to, incl frequency, intensity, level, & location of services, e.g., through specific service referrals/expectations, monitoring of services, linking payment to service delivery Ensure that residential care services to children and youth are based on the child/youth's individual needs rather than standard service programs. Contact service providers frequently for reports on child/family's participation in services and progress toward goals/require written reports specific to referral needs Advise service providers of any significant changes affecting delivery of services. If services are not available to address the family's unique needs, work with the service provider to develop needed services or identify another provider.
Use caseworker visits in individualizing case plans	<ul style="list-style-type: none"> Caseworker visits 	<ul style="list-style-type: none"> Hold individual visits with family members at required intervals or more frequently if indicated/visit privately with children in placement/discuss child's needs with foster parents Discuss progress toward goals, emerging issues, changes/identify needs for changes in service delivery with family members or changes in goals/activities/steps in case plans Determine need to convene FTM or involve service providers in discussions
Conduct individualized case planning outside of FTMs	<ul style="list-style-type: none"> At case plan development & reviews Caseworker visits 	<ul style="list-style-type: none"> When FTMs are not possible/appropriate, meet with individual family members or smaller groups of family members to plan for services/Use same approaches as in FTMs Inform family members that meetings/interviews are for developing case plans Document input of all family members in completed case plans/share & obtain signatures
Monitor case plans & revise as needed	<ul style="list-style-type: none"> Re-assessm't Case plan reviews Caseworker visits Case plan monitoring FTMs 	<ul style="list-style-type: none"> Meet with the family and child at required intervals/more frequently if needed/ Ask child and family members if they are participating in the service(s) identified in the plan; evaluate effects of services on identified needs/progress toward goals Review case plans at least quarterly for ongoing appropriateness of permanency goals/outcomes/activities/steps/time frames Review re-assessments/services reports/information from family to determine if TPR petitions should be filed at 15 or 22 months or earlier or if an exception is applicable Meet with family/children/youth to discuss intent to file for TPR Review youth with goals of emancipation to determine if other goals have been ruled out or may now be appropriate to pursue Have frequent contact with service providers to ensure individualized service delivery/expected progress & identify needs for changes in services or method of delivery Determine need to consider revising case plan and/or services Convene FTMs or conduct individualized case planning to make needed changes to case plans in order to reflect individual strengths/needs/goals – Document case plan revisions
Link ongoing case planning to individual strengths & needs	<ul style="list-style-type: none"> Case monitoring Case plan updates Re-Assessm't 	<ul style="list-style-type: none"> Use re-assessments to re-evaluate strengths & needs of family members, based on changing circumstances, progress in achieving goals, emerging issues Evaluate with family, foster caretakers, service providers continuing responsiveness & relevance of current services in achieving designated permanency goals, resolving needs Make indicated changes to services jointly with family members/providers

Ex. 19

Practice Guide

Strengths and Needs Assessments

OUTCOMES R E Q U I R E M E N T S	<ul style="list-style-type: none"> • All families receiving services will participate in an ongoing and continuous comprehensive family assessment that identifies the strengths and needs of each member and addresses the underlying conditions that necessitate child welfare intervention. • Each family's assessment will inform case planning activities and service provision. 	
	<ul style="list-style-type: none"> • Complete comprehensive assessment within 30 days of opening a case or child's entry into foster care and prior to the development of the case plan. • Initiate assessment within 72 hours of placement. Interview parents & foster parents within 14 days (10 days if placed in therapeutic foster care). • Health screening of all children is done within 72 hours of placement, followed by comprehensive health examination within 30 days. • Developmental screening for children 3 years old and younger, and mental health screening for children, 4 years of age and older, is completed within 30 days after placement. Secure early intervention services and/or a full mental health examination if results indicate the need. • Educational screening is done for children within 30 days of placement; enroll in accredited school within 3 days of placement. Services are provided based on assessment of educational needs. • Dental screenings for all children 3 yrs. old within 90 days of placement and then every six months. • Assessment evaluates child's needs for intensive and supportive services, including placement in a therapeutic foster home. • As part of ongoing assessment, visit children in foster care twice per month, at least once in the placement to include separate interviews with the child; visit biological parents at least once per month; interview foster parents at least once per month. • Document the assessment in case file and maintain health histories and records to disseminate to caregivers, health care professionals, and youth when appropriate. • Supervisors document written approval of the assessment prior to the development of the case plan. 	
ACTIVITY <i>Initiate comprehensive family assessment that builds on initial safety/risk assessments</i>	WHERE IN THE LIFE OF THE CASE <ul style="list-style-type: none"> • Prior to developing case plan 	PRACTICE GUIDANCE <ul style="list-style-type: none"> • Review historical case information, court documents, school reports, and mental health and medical evaluations. • Review initial safety/risk assessment and identify strengths, safety concerns, and risk issues to be included in the assessment. • Obtain initial medical, dental, mental health, and educational screenings. • Meet with the family to discuss purpose of assessment and gather information relating to key life domains, strengths and needs, and capacities/resources. • Observe & note conditions in the home, attitudes & behaviors of family members, and how they relate to each other & the caseworker. Explore the family's connections with other individuals that may affect future case planning. • Interview relatives, noncustodial parents, and other relevant caregivers and collaterals for information on the family's strengths and needs. • Organize and analyze the areas that must improve, including underlying issues, and what resources will best enable the family to make changes. • Document the assessment in the case record for case planning & future updates.
<i>Engage and involve parents and children to identify strengths and needs in assessments</i>	<ul style="list-style-type: none"> • Prior to developing case plan • At all caseworker visits with family members • At assessment updates & prior to 6-month case plan 	<ul style="list-style-type: none"> • Prepare family members to participate in the assessment by explaining what it is about, how the information will be used, how they can contribute to it, etc. • Ask children to identify family strengths and needs in accordance with their developmental and intellectual capacity; ask of all youth in care. • Identify non-custodial parents, relatives, other family members, their locations, and evaluate need to involve. Make contacts with others who need to be involved. • Use assessment findings to solicit family's input on each member's assets, issues causing difficulty, & how to improve their circumstances.

	updates	<ul style="list-style-type: none"> In visits with family members, review their strengths and needs and update status of issues in assessment, progress, emerging concerns.
Conduct specialized screenings, obtain additional evaluations, and make needed referrals for services	<ul style="list-style-type: none"> Prior to developing case plan When assessments and case plans are updated 	<ul style="list-style-type: none"> Use information from medical, dental, mental health, and educational screenings, assessment, & case file information to identify need for more in-depth evaluations Discuss needs for specialized screenings/evaluations with parents and relevant family members; determine providers/locations that can best serve them Assess individual health, dental, developmental, mental health, and educational needs of children and families Make prompt referrals for additional evaluations and needed services as soon as need is identified. Involve family in decisions about where to obtain the services Clarify with providers the precise needs for screening/evaluation or services and ensure provider has the information needed to proceed Identify & provide assistance the family may need in participating in evaluations Obtain copies from service providers of the results of the evaluations Discuss assessment findings and recommendations with the family and seek their views and perspectives about the information and any conclusions that are drawn. Document the family's current circumstances, status of progress in achieving goals, & new findings that need to be incorporated into updated assessment. Provide copies of medical, dental, education, mental health information on children in care to their foster caretakers – update as needed
Use assessment to develop case plan	<ul style="list-style-type: none"> When case plan is developed 	<ul style="list-style-type: none"> Meet with family to discuss findings from the assessments and initial impressions regarding the most pressing and critical issues to be addressed in the case plan. Sort and analyze all information and assessment findings Come to meetings understanding the issues from assessments that must be addressed in case plans; know what is negotiable and not negotiable, e.g., safety/risk issues must be addressed; know what to prioritize Discuss with family the relevant issues in assessments that should be addressed, solicit input from family members on how to address, steps & activities involved, etc. Assure that all relevant issues are included in case plan Ensure that assessment info for all relevant family members is addressed in plan Solicit information from foster caretakers on strengths and needs of children/youth in their care to include in the assessment
Update assessments on a regular basis	<ul style="list-style-type: none"> At least every six months Prior to updating case plan Whenever family or individual circumstances change substantially 	<ul style="list-style-type: none"> In visits with family members, ask about changes in strengths/needs with regard to assessment issues and identify emerging issues that need assessing Meet individually with family members, including relevant non-custodial parents, to observe and discuss strengths/needs with regard to assessment issues Track and make referrals for ongoing periodic screenings and assessments, e.g., EPSDT, and follow-up assessment activities for other screenings/evaluations, e.g., re-testing for educational status, re-evaluation of mental health issues Make prompt and clearly defined referrals for additional or updated specialized evaluations needed as circumstances change or new needs emerge Obtain copies of new/updated screenings/evaluations and use in revising plans Make direct contacts with providers of assessments/evaluations (with family's consent) to evaluate progress, identify needs, etc. Discuss progress/needs with relevant family members and foster caretakers
Conduct a current assessment prior to case closure	<ul style="list-style-type: none"> When case closure is being considered 	<ul style="list-style-type: none"> Gather information from child, family, caregivers, & service providers on progress in achieving goals & correcting underlying issues contributing to needs. Meet with family to discuss readiness and preparation for proposed case closure. Identify presenting safety/risk issues and future risk of harm in the foreseeable future relating to the child's living situation and responsible caregivers Obtain needed supports and make referrals for services that can ensure the safety and stability of the child and family when the case is closed. Provide documents to the child, family, and/or caregiver regarding health, education, identification, and entitlements to services that can assist in the future. Document the updated assessment information in the record prior to case closure.

Ex. 20

Practice Guide

Assuring Safety and Managing Risk

OUTCOMES R E Q U I R E M E N T S	<ul style="list-style-type: none"> • Children are first and foremost protected from abuse and neglect. • Children are safely maintained in their homes whenever safe and appropriate. • Children in out-of-home placement are safe and protected from maltreatment. 	
	<ul style="list-style-type: none"> • Safety and risk assessments. Initial safety assessments must be completed/Conduct evaluation of risk & protective factors/Ongoing safety assessments must be completed over life of the case/Ongoing evaluation of risk & protective factors must be completed/ • Investigation of reports. All reports must be assigned for investigation or screened out within 24 hours/Face-to-face contact with children occurs within 72 hours of the report; within 24 hours for children in agency custody & felony reports/ Investigations must be completed within 25 days, including supervisory approval/Evaluate all children in home for safety and risk • Safety plans. Develop initial safety plans and update as necessary/ Screen children to see if they pose threat to other children in home and whether they need safety plan • Safety in out-of-home care. Monitor safety of children in foster care placements/If report is for child in congregate care or therapeutic foster family home, undertake a licensure investigation in addition to CPS investigation/reports of corporal punishment in foster care are investigated by worker with training in maltreatment in foster care who has no connection to the case/If child remains in the foster care placement following report of maltreatment or corporal punishment, worker visits twice monthly for three months/File copy of report in record of child and resource parent and facility licensing file & copy of letter notifying resource parent goes in file and to State Office, and provide records/report to judge and court monitor. • Caseworker visits. Twice monthly caseworker visits with children in foster care and children remaining in their own home to assess safety and needs/Worker meets frequently with the child's biological parents and at least monthly /Visits are made during the first month the child is in care and after any change in placement to assess child's adjustment • Discharge/aftercare. Ninety- day trial visit if reunification occurs and two visits to the home each month to interview the child (ren) without the parent(s) present/Develop after-care plan identifying services needed to ensure child's safety and stability/Take steps to ensure access to needed services 	
ACTIVITY	WHERE IN THE LIFE OF THE CASE	PRACTICE GUIDANCE
<i>Initiate Investigations of maltreatment</i>	<ul style="list-style-type: none"> • Intake • Investigation 	<ul style="list-style-type: none"> • Gather information from reporter to determine if report meets definition of maltreatment. • Gather information from the reporter & others on extent & circumstances of maltreatment, vulnerability of child, location of child & perpetrator, & whether child is in present danger • Determine the response time for the report • Make face-to-face contact with child within required time frames/interview child privately • Interview all required parties, including alleged perpetrators • Consult supervisor to determine priority and other procedures
<i>Conduct initial safety and risk assessments</i>	<ul style="list-style-type: none"> • Investigation 	<ul style="list-style-type: none"> • Conduct background check on family members/Review historical information in MACWIS, Central Registry, & case files • Gather information through observations & interviews to determine if child is in danger • Gather information from family members & collaterals about the extent of maltreatment, circumstances of maltreatment, adult & child functioning, parenting & discipline practices • Identify parents' protective capacities and use in evaluating safety and risk • Complete safety & risk assessment instruments and document in case file • Use assessment findings to determine if a safety plan is required & if services are needed
<i>Initiate services to address safety and risk</i>	<ul style="list-style-type: none"> • Investigation • Case plan development 	<ul style="list-style-type: none"> • Evaluate need for immediate services to protect child or manage risk during investigation/make appropriate referrals/follow-up with providers to ensure prompt response • If child remains in home, identify services needed immediately to support safety plan/Refer and follow up for prompt response • If case opened for services, conduct FTM to determine ongoing services needed to

		address identified safety and risk factors/Link services to safety threats and risk factors
Conduct ongoing safety and risk assessment	<ul style="list-style-type: none"> • Caseworker visits • Case plan reviews • When family's situation changes • Reunification/case closure 	<ul style="list-style-type: none"> • Conduct and document risk and safety assessments in MACWIS at regular intervals • Review safety and risk factors, vulnerability, and protective capacities during visits with family members & with child in placement/Identify new or emerging safety & risk factors/Evaluate caretaker's progress in resolving safety & risk factors • Use safety & risk re-assessments in comprehensive strengths & needs re-assessments to provide broad perspective on safety and risk and parental capacity to care for child safely • Identify conditions required for a child to be safe at home to use in evaluating safety/risk • Evaluate effectiveness of safety plan in protecting child from harm/managing risk • Determine changes needed to safety or service plan/review with family & child/Document
Address safety and risk in case plans	<ul style="list-style-type: none"> • Within 30 days of placement or case opening 	<ul style="list-style-type: none"> • Analyze information from safety and risk assessments and comprehensive strengths and needs assessments to identify safety & risk issues that must be addressed in case plan. • At FTM, discuss findings from the assessments, non-negotiable safety & risk concerns, and assist family to identify goals and service needs to protect child. • Identify ongoing safety plans provisions with family and incorporate into case plan. • With family, develop case plan goals & objectives that will assist child's caregiver identify, understand & change behaviors, attitudes or relationships that produce or maintain safety concerns, & to strengthen those that increase & sustain protective capacities
Review & update case plans	<ul style="list-style-type: none"> • At least every 6 months • Whenever family or individual circumstances change 	<ul style="list-style-type: none"> • At least quarterly, review information from child, family, caregivers & providers on caregiver's progress in protecting child, strengthening protective capacities, changes in child's vulnerability to harm, needs for revision to safety/case plan, effectiveness of services, identification of new issues • Use FTM to determine appropriateness of existing plans & services and needed changes. • With family and providers, make needed changes to plans based on safety and risk factors/document in case file/obtain signatures
Use caseworker visits to address safety & risk	<ul style="list-style-type: none"> • Caseworker visits 	<ul style="list-style-type: none"> • Visit with child, parents, foster caretakers at required intervals/more frequently if needed • Meet privately with child to discuss safety and risk concerns • Review safety and risk concerns with family members, & participation in services, effectiveness of services, progress toward goals, needs for changes in goals or plans. • Document all visits in case file
Address safety & risk while children are in placement	<ul style="list-style-type: none"> • Caseworker visits with child/parents and resource family • Investigation of reports of maltreatment in care 	<ul style="list-style-type: none"> • Evaluate safety & risk issues in foster care placement at all caseworker visits to facility and with child/Observe conditions in home or facility and evaluate for safety & risk • Complete safety & risk assessments for children in care • Meet privately with children in placement to discuss safety and risk concerns • Meet privately with resource parents/facility staff to identify safety threats, such as hazards, supervision, interactions with other children or adults, child behaviors • Identify and discuss with parents any safety or risk concerns for child in placement • Complete investigations as required • Consult frequently with licensing staff about resource homes & facilities/ Notify & involve licensing staff in reports and investigations • Document safety assessments & investigations in MACWIS
Reunification	<ul style="list-style-type: none"> • FTMs • Caseworker visits • Reunification 	<ul style="list-style-type: none"> • Gather information from child, family, caregivers and service providers on progress in achieving goals and resolving safety and risk factors that led to the need for placement. • Ensure that any new or emerging safety & risk factors are resolved or controlled • Complete safety and risk assessments and use them to guide the decision to reunify • Use assessment findings to determine if in-home safety plan is needed to reunify. • Develop after-care plan including needed services/Plans for trial visit & caseworker visits Make service referrals/follow-up with providers/Facilitate access to services/Document
Case Closure	<ul style="list-style-type: none"> • When making a decision to close the case 	<ul style="list-style-type: none"> • Gather information from child, family, caregivers and service providers on progress in achieving goals and eliminating safety factors and reducing risk sufficiently • Meet with the family to discuss their readiness and prepare the family for case closure. • Complete safety & risk assessments to determine that safety threats no longer exist & sufficient change has occurred so that caregiver can effectively protect the child. • Identify future risk of harm in the foreseeable future and the family's protective capacities which will prevent such harm/Include in after care plan • Develop after-care plan that includes needed services/Make service referrals/follow-up with providers/Facilitate access to services/Document in case file

Ex. 21

Practice Guide

Preserving and Maintaining Connections

OUTCOMES	<ul style="list-style-type: none"> • All children in out-of-home care will maintain relationships with family & other persons with whom they have a strong connection, their tribe, community, & school, whenever safe and appropriate. • Families actively participate in the parenting and rearing of their children if safe while in foster care. 	
R E Q U I R E M E N T S	<ul style="list-style-type: none"> • Children are placed in this priority order: with siblings, with kin, or foster home in proximity to family. • Provide all relevant information to resource parents/facilities; resource parents & birth parents meet. • Provide services to promote constructive parent-child visitation and to remove barriers to contact. • Aftercare plan developed and finalized in advance of case closing to ensure orderly transition. • 90 day trial home visit & aftercare plan prior to reunification/ visits to home twice monthly to interview child without parent or caregiver present. • Advise potential adoptive families of subsidies & post-adoption services. • Place children within county or 50 miles of home unless approved exception. • Place siblings together unless unsafe, exceptional needs, or large sibling group size/Diligent efforts to reunite separated siblings/Monthly visits between separated siblings unless court limits • Prioritize relatives as resources for placement, visiting and support/phone calls within 24 hours if no visit • Contacts between parents/child/separated siblings; visits within 24 hours of placement unless reasons not to/phone call if no visit; Provide support to preserve relationships & parenting skills; Document visits • Minimum of two visits per month between parents/child unless limited by court order/Visitation plan at FTM within 30 days based on child's needs and goals & parents' schedule, and updated every 90 days • Assist youth to develop social networks and relationships with caring individuals (family, tribe, faith); Ensure youth has access to at least one committed, caring adult and to cultural supports. • Maintain child's current school placement for child entering foster care. • Adoption preference given to foster parents caring for a child for 12 months or longer unless unsuitable • Caseworker visits with children (at least twice monthly, once in placement setting, meet separately with child, twice monthly visits by therapeutic FC provider, visit in 1st month & after placement change) • Diligent efforts to notify tribal authorities. • Caseworker meets at least monthly with parents/documents diligent efforts to locate absent parents 	
ACTIVITY	WHERE IN THE LIFE OF THE CASE	PRACTICE GUIDANCE
<ul style="list-style-type: none"> • Identify and locate relevant family members • Identify other important connections • Identify and evaluate relative placement resources early 	<ul style="list-style-type: none"> • At investigation • At assessment • Prior to placement • Prior to developing case plan • At routine intervals, e.g., at case plan updates 	<ul style="list-style-type: none"> • Review all case file documentation for info on family, connections, contact info • During investigation, ask caregivers to identify all relevant family members for potential placement resources and for connections, including contact information. • Ask parents/caregivers for family members with whom they feel supported, for the purposes of involvement in family team meetings and other case events. • Ask parents/caregivers about non-custodial parents/obtain contact information. • Search for non-custodial parents & their family members through case files, phone directories, child support system, info provided by family • Contact and evaluate non-custodial parents/relatives and determine interest & suitability for involvement in case planning, decision making • Ask parents/children about heritage/school/ friends/ traditions/ family members/ faith • Re-evaluate family members and connections at regular intervals (case plan updates) • Observe family relationships and how the family and child relate to each other. • Document information obtained from children and family members in case file.
Use caseworker visits to preserve connections	<ul style="list-style-type: none"> • At caseworker visits with family & resource parents • At assessment 	<ul style="list-style-type: none"> • Prepare for caseworker visits by knowing about important connections, visiting schedules, and so forth • Meet with children/parents privately & discuss satisfaction with relationships, contacts, reactions, quality of visits, support needs to strengthen contacts/interaction

and relationships	and case plan updates	<ul style="list-style-type: none"> Follow-up on identified needs for more or less contact/interaction Interview foster caretakers privately about child's needs for connections/interaction Observe children's interaction with family members and others/note needs for casework attention and service provision
Use strengths and needs assessment information to identify relationships & connections	<ul style="list-style-type: none"> At assessment Prior to developing case plan Assessment & case plan updates 	<ul style="list-style-type: none"> Identify important connections and relationships of children during initial assessments (in assessing both children and parents) Assess individual children's connections & relationships Update and re-evaluate connection/relationship information at assessment updates Identify potential caring individuals for youth in foster care; obtain contact information Evaluate youth's interests, plans, needs and the connections that support them
<ul style="list-style-type: none"> Use FTMs to develop plans to preserve relationships and connections Address connections in initial and updated case plans 	<ul style="list-style-type: none"> When case plan is developed At all FTMs At all case plan updates 	<ul style="list-style-type: none"> Ensure that all relevant family members are invited and supported to attend FTMs, including non-custodial parents and age-appropriate children/youth Hold FTMs at least every 90 days to review ISPs; more often if circumstances change Include in FTMs persons with strong connections/ties to the child as appropriate & with family's permission, e.g., mentors, family advocates, etc. Develop detailed visitation plan in FTM; include family and other relevant parties Monitor & update visitation plan every 90 days Ensure that relationship/connections issues and plans are included in initial case plans; re-evaluate, update at each case plan update, based on new assessment info Address involvement of caring adults for youth in IL/TL plans; monitor & update at least every six months Identify services/supports needed to maintain connections/relationships in case plans
Support family involvement with children in care	<ul style="list-style-type: none"> Within 24 hours of placement In initial case plans In updated case plans At FTMs When family or individual circumstances change 	<ul style="list-style-type: none"> Prepare family members prior to visits on what to expect & how to support each other. Arrange early initial visits after placement (within 24 hours) Plan for multiple means of contact where appropriate (visits, calls, other contacts) Discuss/prepare resource parents to support child's contacts and relationships Make visiting plans in FTMs and jointly with parents and resource parents Facilitate meetings and planning between parents and resource parents on opportunities for parental involvement in parenting their children in foster care Monitor/discuss contacts and reactions, and adjust plans as needed Provide support services to enable parental/family contact/interaction Provide supervision of contacts/interaction based on safety/risk needs
Identify and support tribal affiliations or Indian heritage & other cultural background	<ul style="list-style-type: none"> At investigation At assessment At initial case plan/updates 	<ul style="list-style-type: none"> Identify Indian & other cultural affiliations in assessment Notify relevant tribes of the agency's involvement during investigation & at placement Follow-up with tribes if necessary to ensure notification Seek assistance from Tribe in locating Native foster homes Include resource parents in case planning, and address activities steps to maintain tribal or other cultural heritage in the plan Monitor compliance with plans and revise as needed
Advocate for school consistency	<ul style="list-style-type: none"> At assessment At case plan During case monitoring 	<ul style="list-style-type: none"> Place children in proximity to current school Identify appropriateness of/need to maintain school placement in assessment Enlist parent/resource parents in supporting school placement, e.g., transportation Meet and plan with school officials to maintain school placement Monitor, review plans, and revise as needed to support school placement
Place children in foster care settings that support their connections	<ul style="list-style-type: none"> At assessment At placement At case plan & updates 	<ul style="list-style-type: none"> Use relative resources as placements when appropriate/ask Tribes for assistance Place in proximity to home, community, school Engage parents/resource parents in case plans to support connections/relationships Facilitate relationships between foster caregivers, parents, other family members As needed, plan for regular contacts with members of Tribe, faith, community, friends If siblings are separated, actively plan to place together unless not appropriate

Ex. 22

Practice Guide

Involving Children and Families in Case Activities and Decision Making

OUTCOMES	<ul style="list-style-type: none"> Families are empowered to advocate for themselves and take an active role in ensuring the safety, permanency and well-being of their children and other family members. Families are actively committed to participating in and completing activities, and reaching their goals by being part of the planning process. 	
R E Q U I R E M E N T S	<ul style="list-style-type: none"> Interview with parents required to complete an assessment. Parents & all children six and older must be involved in the development of the case plan/sign case plan Develop case plan within 30 days/Review every 90 days/FTM within 30 days of opening to develop plan. Update case plan through FTM within 30 days if placement changes or other significant changes in the case/caseworker & family regularly review progress & sign case plan revisions/At least quarterly, caseworker and supervisor review case plan with parents & discuss progress, options, timelines for permanency FTM & aftercare plan developed prior to placement with relative to support the family and ensure child safety. The permanency option of long term foster care is not allowed, but durable legal custody is allowed. Emancipation can only be a goal for children 16 years old(er) with court approval/ after ruling out other goals. Concurrent planning must address the potential for reunification, possible permanent relative placement and monthly contact between the caseworker and parents to address progress and involve them in decisions. Diligent efforts are to be made to locate and involve absent parents in case planning. Frequent, high quality visits are to occur between caseworker and child twice monthly, one of these must be in the child's placement, and the caseworker must meet with the child separately/children in treatment foster care are to be visited by the treatment foster care provider every 2 weeks/caseworker must meet with the child's biological parents at least monthly. Make visits during first month a child is in care & after any placement change to assess child's adjustment. There must be documented efforts of diligent searches for absent parents. 	
ACTIVITY	WHERE IN THE LIFE OF THE CASE	PRACTICE GUIDANCE
<i>Engage and involve families in the assessment process</i>	<ul style="list-style-type: none"> Prior to developing case plan At caseworker visits with family members At assessment updates & prior to 6-month case plan updates 	<ul style="list-style-type: none"> Identify/locate relevant family members who should be involved in the plan and whose strengths and needs should be assessed, including absent parents, extended family. Prepare family members to participate in the assessment by explaining what it is about, how the information will be used, how they can contribute to it. Ask individual children and youth to identify their strengths and needs. Ask parents to identify individual and family strengths and areas of need Identify cultural/background issues that affect parenting or service delivery Explore underlying issues with parents & age-appropriate youth, such as domestic violence, substance abuse, mental health issues, developmental concerns Review strengths and needs on a regular basis during visitation with each family member, and update status of issues, progress, emerging concerns in assessment. Advise/consult with parents about specialized assessments, e.g., mental health, health, developmental, etc., for them or their children/ involve them in the evaluation process. Consult with youth about assessments for independent living/transitional living Coordinate with IL service providers to ensure all assessment information is available to youth and for developing case plan Inform parents of results of strengths and needs assessments and specialized assessments and discuss implications for case plans, services, goal achievement
<i>Involve families in developing case plan</i>	<ul style="list-style-type: none"> Within first 30 days of placement Every 90 days after 	<ul style="list-style-type: none"> Identify relevant family members who should participate in meetings to develop case plans, including extended family, non-custodial parents. Provide families the opportunity to include others in case plan meetings, e.g., advocates, mentors, close friends, service providers

	<ul style="list-style-type: none"> initial case plan When placements or family's situation change 	<ul style="list-style-type: none"> Provide services to support participation, e.g., transportation, flexible schedule, child care Always include youth in foster care in planning unless documented reasons not to. Inform children and family of case plan meetings; explain purpose, roles, responsibilities. Prepare family members to participate, e.g., how to provide input, importance of the plan. Identify and discuss with family any non-negotiable issues prior to the case plan meeting, such as ensuring the child's safety or court-ordered case plan provisions. Come to case plan meetings knowledgeable of assessment information and the child's & family's circumstances/prepare to develop plan in the meeting, not in advance. Facilitate case plan meetings purposefully, identify issues, listen to and include children and families, clarify strengths and needs. Discuss independent /transitional living plan issues with older youth and their parents/caretakers, and solicit their input on services. Encourage family members to identify strengths, their perceptions of their needs & services that can address needs, preferences for service providers, locations of services Ensure case plans reflect family input Document case plan promptly/ all family members sign the case plan.
Use caseworker visits to involve child and family	<ul style="list-style-type: none"> At assessment Prior to developing case plan At least two times a month with children At least one time a month with birth family 	<ul style="list-style-type: none"> Visit in convenient and comfortable locations at reasonable times for family members Meet with children in placement and at home privately and discuss services, needs, other issues relative to their case plan/ permanency goals. Solicit their input on progress, concerns, needs, and quality of services. Have frequent private meetings with youth to discuss participation in and satisfaction with independent living/transitional living services/goals/needs. Meet with parents privately to discuss progress, goals, services, needs, concerns Raise issues with parents/children/youth that arise between visits or through contacts with service providers, foster caretakers, or other collateral contacts Ensure that visits relate to the provisions of the plan/opportunity for family member input Document all visits in case file, including substance of visits and issues raised by children and parents relative to case plan, services, goals, etc.
Engage children and family members in Family Team Meetings	<ul style="list-style-type: none"> At initial case plan At all case plan updates When placements, family's situation, or goals change At case closure 	<ul style="list-style-type: none"> Identify and notify all family members who should participate in meetings. Identify other participants of the family's choosing and notify. Schedule meetings at convenient times/locations for the family. Provide needed services to facilitate their participation, e.g., transportation, child care. Prepare the family to participate in meetings, e.g., explain purpose, roles, responsibilities, agenda, how information will be used Plan for discussion of sensitive information and how it may affect children during meetings Facilitate meetings, providing all family members opportunities to participate; manage disputes/disagreements by lessening tension & moderating discussion If the meeting is occurring for case plan development, ensure that all pertinent family members sign the case plan at the conclusion of the meeting.
Facilitate parent's involvement with children during foster care placements	<ul style="list-style-type: none"> At assessment At initial case plan During visits At case plan updates 	<ul style="list-style-type: none"> Assess for level of parental involvement with children that is safe & appropriate Attempt to place children in close proximity to parents to facilitate their involvement Consult/include foster caretakers about parental involvement & encourage their support Facilitate meetings between parents and foster caretakers when they are both agreeable In consultation with & having approval from foster caretakers and parents, help them to develop plans for specific activities in which parents can participate Discuss parental involvement in FTMs, preferably with foster caretakers involved Include levels of participation/specific activities in case plans Monitor involvement closely/visit frequently in foster care setting/ discuss with caretakers/parents/children Evaluate safety and risk to children at all visits Modify plans as needed and promptly address safety/risk issues

Ex. 23

Practice Guide

Interim Supervisory Protocol

OUTCOME R E Q U I R E M E N T S	<ul style="list-style-type: none"> DFCS Supervisors' clinical supervisory activities will support the implementation of the Practice Model and strengthen practice.
	<ul style="list-style-type: none"> Standardized decision-making criteria are used, in consultation with supervisory personnel, to determine if reports of suspected abuse and neglect meet statutory and agency criteria and if the case will be screened out, investigated, and/or reported to other authorities. All reports must be assigned for investigation or screened out within 24 hours; face-to-face contact with children occurs within 72 hours of the report; within 24 hours for children in agency custody & felony reports; investigations must be completed within 25 days, including supervisory approval. Supervisors will document written approval of the assessment prior to the development of the case plan. Within 30 calendar days of a child's entrance into foster care a team meeting will be convened with supervisor involvement to develop a service plan. Each service plan is reviewed and updated quarterly at a team meeting with supervisor involvement. If caseworker has knowledge that a placement may disrupt, the caseworker shall immediately convene a meeting with supervisor involvement and if placement disrupts on an emergency basis, the meeting shall be no later than five days after disruption. Supervisor must approve placement moves. No foster child remains in an emergency or temporary facility more than 45 calendar days unless approval exception signed by Division Director. Supervisor must monitor for these situations. No child is placed in more than one emergency/temporary facility within one episode of foster care, unless an immediate placement is necessary to protect safety of the child or others and is certified, in writing, by the Regional Director. Supervisor must monitor for these situations. No child under 10 years of age is placed in any kind of congregate care setting unless child has exceptional needs that cannot be met in a relative or foster family home or child is a member of a sibling group, and the Regional Director has granted express written approval for the congregate-care placement. Supervisor has to monitor for this situation. A recommendation to return a child home or to place in the custody of a relative shall be made at a meeting attended by supervisor and an after care plan is to be devised at the meeting. Before end of any trial home visit period, there shall be a final discharge staffing meeting attended by supervisor and if appropriate application to court to be relieved of custody will be made. Supervisors will participate in special permanency reviews for each child who has been, or reaches, more than 15 of the previous 22 months in foster care, for whom DFCS has not filed a TPR petition or documented an available ASFA exception. The supervisor and caseworker will meet in person every 30 days to document progress after caseworker provides documentation to the Office of the Attorney General regarding the steps to be taken to address a TPR referral legal deficiency. The supervisor, caseworker, and adoption specialist will meet to review progress being made to achieve the goal of adoption weekly for infants and monthly for all other children awaiting adoption. Supervisor will regularly review whether child welfare case records are current, complete, made by authorized personnel only, signed and dated by the person who provided the service. Also, supervisors will sign and date child welfare case records where appropriate. Supervisors will complete Initial, 15th month, and Subsequent Supervisory Administrative Reviews. Supervisors will serve as part of the broader continuous quality improvement process.
ACTIVITY	PRACTICE GUIDANCE
<i>Monitoring individual case activity in respect to the practice model components</i>	<p>Supervisors should review case records and use individual worker conferences to:</p> <ul style="list-style-type: none"> Evaluate the effectiveness and individuality of services provided to children and families. Ensure caseworkers are well trained in safety and risk and are demonstrating that knowledge by conducting initial and ongoing safety and risk assessments and documenting in MACWIS. Evaluate the involvement of children and families (including custodial and non-custodial parents as appropriate) in case activities and decision making; give attention to efforts to locate/ engage fathers. Evaluate how well connections are identified and maintained for children in foster care. Ensure the caseworker conducts comprehensive and timely assessments including the identification of

	<p>individual strengths, needs, and underlying conditions for each family member. This includes assisting the caseworker in identifying the appropriate individuals who should be involved in the assessment and whether sufficient information has been gathered including professional evaluations.</p> <ul style="list-style-type: none"> • Ensure family input has been solicited and utilized at all critical junctures in case activities including the timely development and monitoring/updating of ISPs. Age appropriate children, custodial, and noncustodial parents should be involved in FTMs as appropriate.
Monitoring the quality and substance of caseworker's work	<ul style="list-style-type: none"> • Supervisors should have some degree of contact with the families in their caseworkers' caseloads as part of monitoring in order to be available to answer questions and receive feedback. • Monitor all cases in regard to issues such as: how reports of abuse and neglect are processed; timeliness and quality of completing investigations; possible placement disruptions; length of time and frequency of placements in emergency or temporary facilities; and instances where children under 10 years of age are considered to be placed in a congregate care setting. • Review all case plans to ensure key areas of the assessment are adequately addressed in the plans and that services relate to the strengths, needs and underlying conditions within the family. • Ensure efforts to involve parents in parenting children while in foster care, when appropriate and safe.
Provide direct and constructive feedback to caseworkers on the quality of their work during ongoing supervisory conferences and after conducting Supervisory Administrative Reviews	<ul style="list-style-type: none"> • The supervisor should have regular and structured supervisory conferences with each caseworker that focus on case specific situations regarding individualization of interventions with families and the quality of the interaction between the caseworker and family. • Supervisor should provide feedback designed to help develop caseworker's critical thinking and analytical skills during supervisory conferences, via written and oral feedback, and in discussing SARs. • Provide feedback to caseworkers regarding the level and quality of information the worker is gathering for assessments and contrast against simply filling out the assessment form. Assessment information should address the developmental needs of children and abilities of parents to participate in services. • Provide constructive feedback to address situations wherein: a child is placed outside of his/her community; actively support efforts to place the child within his/her community, if appropriate; Expedited Resource Licensure procedures should be applied; recommendations to return a child home or place in the custody of relatives are being considered; trial home visit period is ending; child has achieved or reaches 15 of the previous 22 months in foster care and TPR issues are applicable.
Shadowing, modeling, and coaching	<ul style="list-style-type: none"> • Shadow staff in critical activities, such as home visits, case planning conferences, and interviews, and provide modeling and coaching on correct approaches as needed. • Assist workers in identifying and addressing individual needs and working with providers to assure the correct match of services to needs. • Coach their caseworkers in accessing resources and services in the community to promote and support constructive parent-child visitation. • Participate in some FTMs of their workers and foster care reviews to observe, assist, and provide feedback to the caseworker in case planning and the delivery of services tailored to meet the individualized needs of the children and families they serve.
Provide group supervision, in-service training, and ensure access to ongoing training	<ul style="list-style-type: none"> • Hold regular unit meetings to discuss issues such as maintaining connections and other practice model components; have workers bring examples from their own cases; role play with caseworkers; and bring in experts and other stakeholders to share their experiences from their perspectives. • Ensure their caseworkers' access to in-service unit trainings and ongoing trainings offered by the State and other partners, particularly skills based training related to practice model components; facilitate workload coverage to ensure workers are able to attend trainings. • Debrief with caseworkers what was learned in training, not only to facilitate transfer of learning, but to ensure consistency in message; actively support training content.
Serve as part of broader continuous quality improvement process	<ul style="list-style-type: none"> • Use supervision as first-line quality assurance technique and to inform the supervisor's involvement in broader CQI activities, such as conducting case reviews, SARs, attending family meetings/reviews, and providing specific feedback. • Make certain caseworkers have received adequate and required training and identify any related systemic barriers to training during CQI activities. • Identify supports needed to serve children and families in accordance with practice model, such as access to services and policy, and raise identified needs with Regional Directors; advocate for systemic changes needed to support practice model implementation.

Ex. 24

Practice Guide

Social Worker Visits

OUTCOMES	<ul style="list-style-type: none"> Social worker visits with youth, children, parents, and resource parents consistently address child safety, placement stability, child well-being, and permanency. 	
REQUIREMENTS	<ul style="list-style-type: none"> Frequent high quality visits between caseworker and children occur at least twice monthly; meet face-to-face with child and, when age appropriate, alone; at least one visit per month occurs in child's placement. Visit with child within 72 hours of initial placement and any placement moves. Immediately meet with resource parents and, if appropriate, child if a threat of placement disruption exists. Every visit must include an assessment of the child's safety and needs. Every visit must involve the monitoring of the case plan status including goals and tasks. At least monthly visits with biological parents/legal caregiver for children with a goal of reunification. If a child remains in a foster care placement following a report of maltreatment or corporal punishment, worker visits a minimum of twice a month for three months. Regular contacts and at least monthly home visits with non-therapeutic resource parents; weekly contacts and at least twice monthly visits with therapeutic resource parents; all documented in the child's case record. During a trial home visit, the child's caseworker or a Family Preservation caseworker meets with the child in the home at least twice per month. All visits are documented in the child's record. 	
ACTIVITY	WHERE IN THE LIFE OF THE CASE	PRACTICE GUIDANCE
<i>Social Worker visits with child and parent</i>	<ul style="list-style-type: none"> Investigation 	<ul style="list-style-type: none"> Identify safety and risk concerns and the parents' protective capacities, develop safety plans, and determine if case is accepted for services. Assess physical home environment and interactions of the family members toward the child and each other as they relate to the child's safety and future risk to the child. Interview youth/child face-to-face and alone; ask for the child's perception of the allegations and concerns regarding safety risk to the child and/or other children in the home. Interview child's caretakers (both if more than one in the home); identify caretakers' protective capacities and underlying conditions, and their perception of the allegations. Observe and interview all children/youth in the home, not just the identified child. Develop safety plan with parents/caretakers and youth/child during home visits or FTM.
<i>Social Worker visits with child and parent.</i>	<ul style="list-style-type: none"> As part of assessment process Prior to developing the case plan At least two times per month with child At least one time per month with parent(s) or primary caregiver(s) 	<ul style="list-style-type: none"> Visit youth/child at least twice monthly in person and alone, at least once in placement; assess safety and well-being, effectiveness/appropriateness of services, progress toward goals, new issues of concern, school performance, and contacts with family members. Visits with youth are face-to-face and alone, and address independent living and transitional living plans, participation/effectiveness of services, school plans, aftercare plans, services needed, relationships with family/caretakers/other significant adults; make frequent contacts with IL worker for same information and to coordinate activities. Visit both parent(s)/caretaker(s) at least monthly; discuss effectiveness/appropriateness of services, goal achievement, decisions about their child, and update family's circumstances. Visit monthly with non-custodial/non-resident parent or document reasons why inappropriate or impossible; discuss relative resources, case plan roles, strengths/needs, services, child support, medical/mental health history; document information in case file, including unsuccessful efforts to locate/engage; re-assess periodically. Identify/re-assess status of safety and risk concerns for child in-home and in placement, parents'/caretakers' protective capacities/strengths/needs, effectiveness of safety plans, and identify new safety and risk factors or family circumstances needing attention. Discuss/evaluate case plan compliance by parents/caretakers, child/youth, and agency. Solicit family members' input into case plan during visits or FTM; evaluate continuing appropriateness of case plan goals, activities, and time frames. Plan visits in advance; identify issues to discuss and primary reason for visit. When appropriate, model positive parenting techniques for parent(s)/caretaker(s). Observe and evaluate parent/child interaction, child discipline, nurturing behaviors, parent-

		<p>child conflict, child developmental levels, and indicators of trauma.</p> <ul style="list-style-type: none"> • Discuss parent-child relationship strengths and needs, parent-child visits if child is in placement, and parents' level of involvement in placement activities. • Identify cultural/background issues that affect placement, parenting, or service delivery. • Prepare children/family members for upcoming activities including FTMs, Foster Care Reviews, court appearances, and visitation by family members by letting them know what will happen, who will be in attendance, dates and time of events, and discuss supports needed to enable their participation, such as transportation, child care, and so forth.
Social Worker Visits with Resource Parent	• Ongoing in cases where the child is in out-of-home placement	<ul style="list-style-type: none"> • Make regular contacts with non-therapeutic resource parents and face-to-face visits at least monthly in their home (weekly contacts with therapeutic resource families/at least twice per month in their home); assess child's safety status and needs, share information regarding child, monitor service delivery and progress toward goals; meet with and interview both resource parents if applicable; document dates, participants, content of visits in case file. • Assess the resource parents' understanding of child's needs, motivation to meet child's needs, and attitude toward child. • Conduct/document regular safety/risk assessments of child in placement, including physical home environment, interactions between family members and child; identification of household members and their roles, concerns reported by the child concerning his/her care or that of other children in the home, discipline (including corporal punishment), and the child's perception of his/her treatment in the home. • Assess resource family's support of birth family's involvement with child in placement. • If a placement disruption threatens, immediately meet with supervisor, resource parents, youth/age-appropriate children; address reasons for disruption, appropriateness of placement/need for re-placement, and services needed to maintain placement. • If placement disrupts, convene a meeting with the individuals identified above within 5 days to address support services which may allow the child to return to the placement, if appropriate, or to determine if the child needs a new placement.
Social Worker visits with child, parent and resource parent	• Reunification • Case closure	<ul style="list-style-type: none"> • Assess family's ability to have child return home, identify supports needed to sustain reunification, and plan transition from resource home to family home, including home visits. • Conduct/document safety/risk assessment to identify safety/risk factors upon return home. • Develop/document after-care plan including needed services and referrals. • Discuss case closure with family members; discuss how to access services, reporting safety/risk concerns, need for future agency involvement. • During trial home visits the DFCS worker or the Family Preservation worker meets with the youth/child in the home at least two times per month without parent or caretaker present; address safety/risk issues, discipline, use/effectiveness of services, reporting concerns.
Best Practices with Social Worker Visits with child, parent/caregiver or resource parent	• Ongoing	<ul style="list-style-type: none"> • Visits occur in the family's home and include seeing/talking to youth/age-appropriate separate from parent/caregiver/resource parent. • Visits that must occur away from the home are in comfortable and convenient locations at reasonable times for the family members. • Visits by service provider/other agency workers do not substitute for visits by the DFCS worker responsible for case planning; regular communication between workers is critical. • In cases where COS and COR workers are both involved with the family, the two workers must talk regularly to coordinate visits and services and evaluate progress/issues/plans. • Use core conditions of helping (empathy, genuineness and respect) in all interactions with family members and the child/youth. • Use solution focused interviewing techniques to engage family members during visits, e.g. (scaling) on a scale of 0 to 10 how likely is it that you will say no when your boyfriend asks you to go out and leave the children alone?, (coping) considering how overwhelmed you are, how did you make it to our appointment?, and (miracle) what would you do if you had a magic wand and could change anything? • Provide full documented disclosure with parents regarding concerns and issues, changes needed, consequences of non-performance, requirements and timeframes. • Document all social worker visits with parents, youth/child and resource parents, including participants' names and relationship to child; date/ location of visit; nature/extent of services with regard to case goals; how the visit addressed safety, permanency and child and family well-being; barriers to achieving case goals or accomplishing case tasks; next steps.

Ex. 25

Practice Guide

Working with the Educational System

OUTCOMES	<ul style="list-style-type: none"> • All children receive appropriate services to meet their educational needs. • Educational representatives participate in comprehensive family assessment and case planning processes. 	
R E Q U I R E M E N T S	<ul style="list-style-type: none"> • All school age children who have been placed in out-of-home care should be enrolled in an accredited school program within 3 days of entering care. • Resource parents or facility staff should be provided with the child's educational records prior to or at the time of placement whenever possible. • An educational screening, for general and special educational needs, shall be completed within 30 days of entry into foster care as part of the overall Comprehensive Family Assessment process to determine whether there is a need for further services. Services may include tutoring, advocacy, early intervention services, the development of an Individual Education Plan, preparation for GED, and college preparation. • Efforts should be made to maintain children in a familiar school setting whenever possible. • Make efforts to limit the number of school changes a child experiences resulting from foster care placement. • School personnel should be included in the assessment and case planning processes and provide input into the development/monitoring of the case plan. • Case plans should address educational issues. • Developmental screenings shall be completed on all children age 3 and under within 30 days of placement. A referral to First Steps Early Intervention program shall be made on all children in custody up to 36 months of age for an assessment and follow-up services as needed. • Age appropriate youth should be provided with educational and training vouchers and assistance in locating/enrolling in educational or vocational programs. • Children should receive age-appropriate education and support regarding pregnancy prevention, responsible parenting, and sexually transmitted diseases. 	
ACTIVITY	WHERE IN THE LIFE OF THE CASE	PRACTICE GUIDANCE
<i>Child's educational needs will be assessed.</i>	<ul style="list-style-type: none"> • During the assessment process • Prior to developing the case plan • Continually throughout the life of the case 	<ul style="list-style-type: none"> • Gather information regarding child's educational history, current grade level, need for special education services, IQ, reading level, developmental level, attendance, and behavior as part of the Comprehensive Family Assessment Process. • Use the information above to determine if additional screenings, assessment, or services are needed; use assessment to determine if educational services are included in case plan. • Refer all children 36 months and younger in custody to First Steps Early Intervention program for assessment and follow-up services as needed within 30 days of placement. • Continually update and reassess educational information throughout the life of the case at a minimum of every 90 days in preparation for the review of the case plan. • Meet with school personnel on a regular basis to monitor child's progress in school. • Participate in school meetings as appropriate including but not limited to IEP meetings. • Actively engage birth parents in their child's educational experience by including them in school conferences, discussing school performance, informing them of school-related issues, and sharing educational progress information. • Notify well in advance and provide services needed to permit birth parent and resource parent involvement in school meetings and activities. • Include educational information and identification of services for children who remain in their own homes as part of the assessment and planning process.
<i>Child's educational needs will be addressed during the case planning process.</i>	<ul style="list-style-type: none"> • Prior to developing the case plan • Continually throughout the life of the case 	<ul style="list-style-type: none"> • Assure that educational issues are addressed as part of the FTM process. • Include school personnel (teachers, school counselors, administration, truancy workers as appropriate) in Family Team Meetings, with the family's permission. • Include educational issues (attendance, grades, behavior, and learning needs) as well as educational service needs in the case plan, based on assessment information. • Coordinate information in the case plan with the youth's Independent Living Plan to assure educational issues/needs are addressed; communicate with and jointly develop the IL Plan with the youth's contract IL worker; ensure that copies of up-to-date IL Plans are in the

		<p>MDHS file and that the IL worker is informed of the MDHS plans, goals, and services.</p> <ul style="list-style-type: none"> • Obtain copies of school records and place them in the case file at the time of placement; provide them to resource parents/facility staff prior to or at the time of placement. • Meet with youth well before emancipation to discuss/identify educational goals and plans beyond emancipation; assist youth in locating and enrolling in educational or vocational programs appropriate to their strengths, needs, abilities, goals and areas of interests; coordinate plans with IL worker/resource parents/birth parents; make needed referrals/applications for educational supports well in advance of emancipation. • Determine what school supplies are needed for the youth/child in care; ensure that resource parents have access to needed school supplies.
Supervisory Review of Child's Educational Needs	<ul style="list-style-type: none"> • Supervisory Case Conferences 	<ul style="list-style-type: none"> • Ensure that worker has addressed/ included in the case file/plan the following information: <ul style="list-style-type: none"> ◦ Child's school placement and level ◦ Information regarding child's attendance and behavior ◦ Any testing needs and results of testing ◦ Any service needs of child, e.g., tutoring, specialized classes ◦ Appropriate referrals for special education services/testing ◦ Copies of all relevant school records, e.g., IEPs, report cards • Review for documentation that school records are given to resource parents/facility staff. • Assure that workers are advocating for any identified educational needs of the child/youth that are not currently addressed/met based on documentation in the file.
Identification of youth in placement's educational needs.	<ul style="list-style-type: none"> • Ongoing in cases where the child is in out-of-home placement 	<ul style="list-style-type: none"> • Ensure that youth are present for and participate in the development of an IL plan that addresses their educational and training strengths, needs and goals; prepare youth for participation in advance through discussion of goals, plans, and options. • Inform youth about the services in the IL program, including but not limited to the Education and Training Vouchers; discuss services at regular intervals; ensure that youth know how to access services and assist in accessing them. • Discuss options for career counseling/job programs/college information prior to emancipation; assist youth in accessing services; monitor for access and use of services. • Discuss the roles of resource parents and birth parents with them, respectively, to assist youth in educational and career planning; if youth has a mentor, discuss educational needs/services with mentor to provide additional support to youth. • Develop the youth's after-care plan in advance of emancipation and include services related to educational needs, supports needed for the youth while in school or training, and responsible adults to support youth.
Accessing and provision of educational Services	<ul style="list-style-type: none"> • Ongoing throughout the Life of the Case 	<ul style="list-style-type: none"> • Workers/supervisors are aware of/understand educational services in the county/region. • Research location of commonly used services, such as tutoring, behavioral aides, special education services including specialized classes, enhanced support, other services as identified in the IEP, surrogate parent for children with special education needs • Use assessment and case planning process to identify services child/youth needs to function positively within the school environment, such as tutoring and classroom assistance; make appropriate referrals timely; follow-up with providers to ensure prompt response; monitor provision of services for effectiveness; make needed changes over time. • Arrange for or provide transportation for child/youth to allow attendance at child/youth's original school in order to prevent a change in schools due to placement.
Advocacy within the educational system on behalf of a child.	<ul style="list-style-type: none"> • Ongoing throughout the Life of the Case 	<ul style="list-style-type: none"> • Consult with/request of child's school to permit continuation in the school following placement; if a change is unavoidable, arrange it during a school holiday or vacation. • Request in writing appropriate testing/services for child/youth; follow-up for completion; document specific needs to school, results of prior testing, specific services needed. • Include resource parents and birth parents, when appropriate, in discussions/meetings with school representatives and when requesting/monitoring services. • Actively pursue services/evaluations not provided by school, in writing and documented. • Ensure that an Educational Surrogate (as defined in the Federal Individuals with Disabilities Act) is appointed for a child who has special education needs. • Attend IEP meetings with the resource and birth parents, when appropriate. • Provide and discuss information with youth about their educational rights.